

two inches in diameter, were seen extending from the ileo-cæcal valve to the lower part of the jejunum, those at the lower end of the ileum having a gangrenous appearance. The patches of Peyer in the upper half of the jejunum were prominent, congested, and surrounded with vascular rings, the mucous membrane over them being softened. The mucous membrane of the cæcum and ascending colon was deeply injected throughout, and presented several small ulcers (corresponding to the solitary glands), many of which had coalesced to form larger ones.

*Remarks.*—Both the above patients were soldiers, about the same age, living under the same conditions as regards food, surroundings, &c., and both came from the same barrack-room. It is interesting, therefore, to note (1) the marked similarity of the symptoms and the nearly identical course of the temperature; (2) the marked difference in degree of the intestinal lesions; and (3) the great disproportion between the temperatures and the intestinal lesions in the two cases. This last point bears out what Wunderlich says regarding the course of temperature in disease. "Even when the *course* of the temperature," he says, "is identical in two cases of fever, it by no means follows that both originate in the same way. It is, on the contrary, highly probable that the opposing circumstances of production and loss of heat in different cases, and even with an identical height of temperature, may vary very greatly."

Gibraltar.

## ON A CASE OF SUPPURATION OF THE MASTOID CELLS SIMULATING INTRA-CRANIAL ABSCESS.

By EDWARD COTTERELL, M.R.C.S., L.R.C.P. LOND.

In the following case it will be seen that the history and symptoms pointed apparently to an intra-cranial abscess, so much so that the question of trephining, with a view to evacuating the confined matter, was discussed; but before proceeding to this somewhat hazardous operation, a free opening was made into the cells of the mastoid process, with the result of completely relieving the urgent symptoms and ultimately curing the middle ear disease. In using the words "hazardous operation," I do not mean to imply that the operation of trephining is *per se* hazardous, because, with all the resources of antiseptic surgery at our command, it is difficult to believe that there is any risk in the operation when carefully performed, but the hazardous nature of the proceeding in an intra-cranial abscess consists in hitting off the exact spot to trephine in order to evacuate the matter. The difficulty in diagnosing the exact locality of the abscess is admittedly very great, as the symptoms are in most cases vague and unreliable, whilst the differential diagnosis between a limited collection of pus in the cerebrum or cerebellum, and between a limited or diffuse meningitis, is beset with difficulties which in the present state of our knowledge it is impossible to overcome; but I think that most surgeons will be inclined to agree with the following statement made by Mr. Hulke in reference to these cases. He says:<sup>1</sup> "However, the fact that the clinician is not yet in the position to form a certain judgment concerning the precise nature of the local disorder does not, in the presence of the almost certainly fatal termination of the otitic intra-cranial abscess when left to take its natural course, exonerate him from further efforts; when his judgment attains a high degree of probability, the propriety of a surgical operation for the evacuation of the abscess should be faced."

H. F.—, a young lady aged fifteen, has the following history. Nine years ago, whilst playing one evening, she introduced a bead into her left external auditory meatus, and in trying to extract it only pushed it further in. The next morning she was taken to see a medical man, who made fruitless efforts to extract it. Two days after this she was taken to another surgeon, who endeavoured, whilst the child was under the influence of chloroform, to get the bead out; but he also failed. Nothing further appears to have been done, and chronic suppuration of the middle ear was naturally set up. Six months after its introduction the bead dropped out whilst she was having her ear syringed. But the

expulsion of the foreign body did not cure the middle ear disease, and since that time she has suffered from chronic otitis media purulenta, the discharge being most offensive, and often making her sick by trickling down the pharynx. In February, 1885, she began to complain of intense headache, accompanied with vertigo. Gradually she became very strange in her manner, getting very excited at times, screaming at the top of her voice, and biting her fingers, bed-clothes, or anything that came in her way. These symptoms became intensified at night, and her screams, or rather yells, quite disturbed the neighbours. Her head was shaved and ice applied to it. Large doses of bromide of potassium were administered in the day with chloral at night, but the symptoms rapidly became more severe and intensified; as photophobia came on the headache became very much worse, and about this time tenderness was noted over the mastoid process of the left side. The screaming fits now became much more severe and prolonged, and during her paroxysms she would jump up and throw herself about the bed, becoming very violent and attempting to bite anyone who touched her. The optic discs were normal.

At this stage I came to the conclusion that the case was either one of meningitis or of abscess within the cranium, as the symptoms seemed too severe for pus pent up in the mastoid cells. Having obtained permission of her friends to operate, I determined first of all to trephine the mastoid cells, and see if that would do any good, though I confess I had no faith that it would; and should no pent-up pus be found there, I was prepared to trephine over the temporo-sphenoidal lobe and explore that region for an abscess, or, if a limited meningitis were found, to wash out and drain—treating it, in fact, as an ordinary abscess. Accordingly, on March 9th, the patient being under the influence of chloroform, an incision was made over the left mastoid process, and the cells thoroughly opened up with a gouge. About a drachm of fetid pus was evacuated, and then a free communication was established between the external wound and the tympanum with a tooth elevator. A small drainage-tube having been inserted, iodoform powder was blown in and the wound dressed with iodoform wool. On recovering from the anæsthetic her headache was better and she had no more delirium or screaming fits. The wound healed by granulation, small scales of dead bone occasionally coming away. It is now over eighteen months since the external wound closed, and since then she has been completely free from all discharge and from pain in her ear and head, so that I think she may be looked upon as cured.

Bicester.

## A CASE OF DIPHTHERIA OF THE VAGINA WITHOUT THE THROAT BEING AFFECTED.

By SURGEON JAS. B. CLIBBORN, R.N.

(Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

MRS. T—, the wife of a private in the Royal Marine Light Infantry, when attending her child, who was suffering from diphtheria, was scratched by him on her right wrist. Some days after (time uncertain) a few isolated, inflamed, vesicles that were very painful appeared on the wrist, which implicated the glands at the bend of the elbow and axilla. There was no pyrexia, and the throat was not affected. The wrist soon healed under treatment, and the inflammation in the glands subsided, when a fresh crop of vesicles appeared around the nipples of both breasts; there was still no rise in temperature, and the patient complained of little inconvenience beyond weakness and general malaise. The latter crop of vesicles went away as rapidly as those on the wrist, but the patient complained of weakness, daily increasing, accompanied by anorexia, with insomnia; she also stated that there was a fetid discharge from the vagina. On making a vaginal examination the mucous membrane was found to be greatly inflamed, discharging pus and covered in parts with well-developed shreds of false membrane. The constitutional symptoms now rapidly developed, asthenia increased, and the patient suffered at times from delirium and delusions, and had one well-marked epileptiform convulsion. The urine contained a small quantity of albumen. The highest temperature taken only

<sup>1</sup> THE LANCET, VOL. II. 1886, p. 3.